

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43692

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 53 | | PRIMARY REG. DIST. NO. 2010 | | Registrar's No. 99 | |
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | | | |
| b. CITY OR TOWN <u>Cape Girardeau</u> | | c. LENGTH OF STAY (In this place) <u>13 days</u> | | c. CITY OR TOWN <u>Jefferson</u> | | 1000 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> | | b. (Middle) <u>(NIMN)</u> | | c. (Last) <u>BEARDSLEE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25, 1957</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Jan 13, 1877</u> | |
| 9. AGE (In years last birthday) <u>80</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>John Beardslee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ramsey</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Groves</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W R Murray Columbus, Ohio</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>6000</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral embolism; right paraplegia</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec. 4, 1957</u> , to <u>Dec. 25, 1957</u> , that I last saw the deceased alive on <u>Dec. 25, 1957</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Isidor M. Nunnally, M.D.</u> | | 23b. ADDRESS <u>Cape Girardeau, Mo.</u> | | 23c. DATE SIGNED <u>12-27-57</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-28-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Commerce, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1-1-58</u> | | REGISTRAR'S SIGNATURE <u>Elizabeth Summers Dep</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Compton 1077 Kansas City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44.

FEB 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Oliver P. [Signature]

Licensed Embalmer No.

4470

P. O. Address

Illness, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.